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03/16/01  
11060 U.S. PTO

CA-271

PATENT

10971 U.S. PTO  
09/809399  
03/16/01

Commissioner of Patents and Trademarks  
Washington, D.C. 20231

PATENT APPLICATION TRANSMITTAL LETTER

Transmitted herewith for filing is the patent application of

Inventor(s): Howard B. Goldman

For (title): CONCEALABLE PORTABLE GPS COMMUNICATION SYSTEM

1. Type of Application

- ☒ Original
- ☐ Design
- ☐ Divisional
- ☐ Continuation
- ☐ Continuation-in-part (CIP)

2. Benefit of Prior U.S. Application(s) (35 USC 120)

The application being transmitted claims the benefit of prior U.S. application(s):

09809399-031601

**3. Amendments to the Application**

☐ Amend the Specification by inserting before the first line the sentence:

☐ Amend the claims

**4. Papers Enclosed (Required For 37 CFR 1.53 Filing):**

21 Pages of specification

6 Pages of claims

1 Page of Abstract

5 Sheets of drawing

☒ formal

☐ informal

**5. Additional papers enclosed**

☐ Preliminary Amendment

☐ Information Disclosure Statement

☒ Form PTO-1449

☐ Citations

☐ Other:

**6. Declaration or oath**

Enclosed is a copy of the Declaration and Power Of Attorney executed by the inventors in the original parent application.

## 7. Inventorship Statement

The inventorship for all the claims in this application is:

- [X] The same
- [ ] Not the same. An explanation, including the ownership of the various claims at the time the **last** claimed invention was made, is/will be submitted.

## 8. Language

The language of this application is:

- [X] English
- [ ] Non-English.
- [ ] The attached translation is a verified translation (37 CFR 1.52(d)).
- [ ] A verified translation will follow.

9. Certified Copy

Certified copy(s) of application(s)

(country)	(appln. no.)	(filed)
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(country)	(appln. no.)	(filed)
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from which priority is claimed is (are) attached/will follow.

## 10. Small Entity Statement(s)

- [X] Copies of Verified Statement(s) filed in the parent application, that this is a filing by a small entity under 37 CFR 1.9 and 1.27 is/are attached.

**11. Fee Calculation****A. Regular application**CLAIMS AS FILED

	Number Filed		Number Extra	Rate	Basic Fee \$710/\$355
Total Claims	26 -20 =	6	x	\$18/\$9	54.00
Independent Claims	2 -3 =	0	x	\$80/\$40	0
Multiple Dependent Claims (if any)		0		\$270/\$135	0

☐ An Amendment cancelling extra or multiply dependent claims is enclosed.

☐ The Fee for extra claims is not being paid at this time.

☒ Assignment Recording Fee (\$40.00) \$ 40.00

Filing Fee Total \$ 449.00

**B. Design application**

(\$290/\$145 [37 CFR 1.16(f)])

Filing Fee Total \$           

**12. Assignment**

An assignment of the invention to HOWARD GOLDMAN, INC  
is attached.

**13. Request for International-Type Search (37 CFR 1.1049d))**

☐ Please prepare an international-type search report for this application at the time when national examination on the merits takes place.

**14. Fee Payment Being Made At This Time**

[X] Enclosed:

[X] Basic filing fee \$ 409.00[X] Assignment recording fee  
(\$40.00; 37 CFR 1.21(h)(1)) \$ 40.00[ ] Petition fee for filing by  
other than all the inventors  
or where inventor refused to  
sign or cannot be reached. \$ \_\_\_\_\_[ ] For processing an application  
with a specification in a  
non-English language. \$ \_\_\_\_\_

[ ] Processing and retention fee \$ \_\_\_\_\_

[ ] Fee for international-type  
search report. \$ \_\_\_\_\_**Total fees enclosed** \$ 449.00

[ ] No Filing Fee is enclosed at this time.

**15. Method of Payment of Fees**[X] One check totaling the amount of \$ 449.00[ ] Charge Account No. \_\_\_\_\_ in the amount of  
\_\_\_\_\_. A duplicate of this transmittal is  
attached.

[ ] Other \_\_\_\_\_

**16. Authorization to Charge Additional Fees**

☐ The Commissioner is hereby authorized to charge the following additional fees by this paper and during the entire pendency of this application to Account No. \_\_\_\_\_:

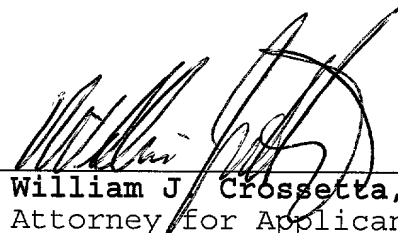
☐ 37 CFR 1.16(a), (f) or (g) (filing fees)

☐ 37 CFR 1.16(b), (c) or (d) (presentation of extra claims)

☐ 37 CFR 1.17 (application processing fees)

**17. Instructions As To Overpayment**

☐ Credit Account No. \_\_\_\_\_



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Encls.